



TEAM ASSIGNED TO: _____

OFFICE USE

BACKGROUND CHECK: _____

TURNED IN: _____ DATE: _____ APPROVED: _____

COACH'S APPLICATION

SPORT: _____ DATE: _____

NAME: _____ AGE: _____

ADDRESS: _____ CITY: _____ ZIP: _____

E-MAIL: _____ DO YOU CHECK IT OFTEN? YES OR NO

PHONE: (HOME) _____ (WK) _____ (PAGER) _____ CELL: _____

CHILD'S NAME: _____ AGE: _____
(IF WANTING TO COACH HIS/HER TEAM)

Do you want to be a **HEAD** or **ASSISTANT** Coach? (Circle one)

Are you a returning **HEAD** coach? Yes or No

If yes, are you returning to the same age group? Yes or No

If yes, what Team _____ Division _____

Are you a returning **ASSISTANT** coach? Yes Or No

If yes, are you returning to the same age group? Yes or No

If yes, what Team _____ Division _____

Are you a **NEW** coach? Yes or No

What Team and Division (age group) are you requesting?

1st Choice: _____

2nd Choice: _____

Do you have any prior experience in coaching this sport? Yes or No

If yes, list experience: _____

Have you coached any other sport(s) with the Warner Robins Recreation Department?

Yes or No If yes, list the sport(s) _____

Place of employment: _____

Supervisor: _____ Phone: _____

I understand that this is an **APPLICATION ONLY** and does not automatically entitle me to coach. I also understand a **BACKGROUND CHECK** will be conducted. If chosen to coach, I understand that under certain conditions, I can be relieved of my coaching duties at any time.

Date

Applicant's Signature